

Case Number:	CM15-0111990		
Date Assigned:	06/18/2015	Date of Injury:	01/21/2015
Decision Date:	07/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28 year old male, who sustained an industrial injury on 1/21/15. The injured worker has complaints of right upper extremity pain. The documentation noted that the pain is predominantly over the right elbow and down into the right hand. The diagnoses have included reflex sympathetic dystrophy of the lower limb. Treatment to date has included percutaneous skeletal fixation of the right sacral fracture and closed reduction of the pelvis fracture on 1/24/14; electromyography are consistent with traction brachial plexopathy injury; doppler test suggested possibly partial obstruction of the subclavian artery; psychologist for his depression; gabapentin; lyrica; norco and prozac. The request was for neurontin (gabapentin) 600mg #120 and topical compound medication-KDGL compound cream ketamine 10%/diclofenac 10%gabapentin 10%/lidocaine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurontin (Gabapentin) 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the justification for recent use of Gabapentin and therapeutic response was not provided. Gabapentin is not medically necessary

Topical compound medication-KDGL compound cream Ketamine 10%/Diclofenac 10%Gabapentin 10%/Lidocaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine and topical Gabapentin are not recommended due to lack of evidence. In addition, the claimant had been on other topical analgesics for months and given oral Gabapentin. Since the compound above contains these topical medications, the compound in question is not medically necessary.